

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Greenlee State Arizona
District or Township Franklin or Village _____
City St. Ignace No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Raymond M^r Frack If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Sept. 4, 1930
Month Day Year

8. FATHER Full name James Vernon M^r Frack 14. MOTHER Full maiden name Vessa Leola Hauchet

9. Residence (Usual place of abode) Franklin Arizona 15. Residence (Usual place of abode) Franklin Arizona
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 2.9 (Years) 16. Color or race White 17. Age at last birthday 2.2 (Years)

12. Birthplace (city or place) Manitou Colorado 18. Birthplace (city or place) Pima Arizona
(State or country)

13. Occupation Merchant 19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature R. E. Neightor

Given name added from a supplemental report _____
Month, day, year _____

Address Duncan, Arizona

Filed 9-10-30 Eugene Perry
Registrar

Registrar

148-904-583